

UMass Memorial Health travel policies are outlined in accordance with Centers for Disease Control and Prevention (CDC) travel guidance. Please note that these remain subject to change at any time. When planning travel or traveling, check the CDC website and our policy for updates as it is your responsibility to adhere to the guidelines.

Please review the instructions below for domestic travel. For international travel, please refer to the instructions and form on pages 3 to 5.

Domestic travel in the 50 U.S. states:

If you are traveling in the U.S. **two weeks or more post-full vaccination when you depart, you do not need to complete this form or be tested.** If you were vaccinated outside of UMass Memorial, you must take a photo of your vaccination card and email it to Employee Health (contact details below).

If you are unvaccinated, have not completed your vaccination or are not two weeks post full vaccination, you must complete this form.

Domestic Travel Form for Unvaccinated or Partially Vaccinated Travelers

Today's date: _____

Employee name: _____

Employee's date of birth: _____

Employee ID number: _____

Mobile telephone number: _____

Email address: _____

Job title: _____

Department: _____

Manager/supervisor/program director/chair name: _____

Planned dates of travel: From _____ To _____

Destination(s) and reason for travel: _____

Plan prior to returning to work (check one):

10-day quarantine (if asymptomatic)

OR Submission of a negative COVID-19 PCR test result taken within 72 hours of your return to work date.* You should pick up a test kit prior to departure and provide a sample upon your return. Plan for 24 to 48 hours for result. You will be contacted by Employee Health for clearance to return to work.

**Should you wish to be tested at a UMass Memorial location, please refer to the [COVID-19 Employee Test Instructions](#).*

I certify that I have informed my manager and Employee Health of my plans to travel and have established a return-to-work plan with my manager.

Employee signature: _____

Manager Review

Reviewed by: _____

Date of review: _____

Employee Health Review

Date of test, if performed: _____

Result**: _____

Date quarantine started: _____

Date quarantine ended: _____

Notifications: _____

Comments: _____

Employee Health reviewer name and date: _____

***Positive results or development of symptoms; refer to Employee Health exposure documentation*

Submit Form to Employee Health

Send the completed and signed form by fax or email to your entity's Employee Health team.

UMass Memorial Entity	Fax Number	Email Address
Medical Center/Medical Group/Corporate	508-334-2205	Employee Health COVID-19 mailbox@umassmemorial.org
Marlborough Hospital	508-229-1201	annette.casco@umassmemorial.org
HealthAlliance-Clinton Hospital	978-466-2065	HA-C_EmployeeHealthServices@umassmemorial.org
Community Healthlink	508-421-4323	eeisenmenger@communityhealthlink.org

International Travel Form (including Puerto Rico and the U.S. Virgin Islands)

UMass Memorial Health travel policies are outlined in accordance with Centers for Disease Control and Prevention (CDC) travel guidance. Please note that these remain subject to change at any time. When planning travel or traveling, check the CDC website and our policy for updates as it is your responsibility to adhere to the guidelines.

All international travelers, regardless of vaccination status, must complete this travel form. Please read the instructions below to see what is applicable to you.

Caregivers who are traveling outside of the U.S. and are two weeks post-full vaccination or within 90 days of contracting COVID-19 at the time of travel:

Vaccinated employees must get tested for COVID-19 three to five days after returning from international travel. You may return to work after your return from travel as long as you are asymptomatic, and you do not need a COVID-19 test prior to returning to work.

Those within 90 days of recovering from COVID -19 do not need a test three to five days after return from travel.

Vaccinated employees should pick up a test kit prior to departure and provide a sample three to five days after your return. Plan for 24 to 48 hours to obtain your test result, and you will be contacted by Employee Health with your result.

**Should you wish to be tested at a UMass Memorial location, please refer to the [COVID-19 Employee Test Instructions](#).*

Note that all international travelers are required to have a COVID-19 test at their destination prior to boarding an airplane to return from international travel.

Caregivers who are traveling outside of the U.S. and are unvaccinated or incompletely vaccinated:

If you interact with patients, you will need to quarantine for 14 days upon your return and test three to five days after you return. This test is to determine whether you may have acquired COVID-19 during travel. A negative COVID-19 test result prior to or upon return does not change the need to complete the quarantine period.

If you don't interact with patients, you must quarantine for seven days and test three to five days after you return. This test is to determine whether you may have acquired COVID-19 during travel. A negative COVID-19 test result prior to or upon return does not change the need to complete the quarantine period.

For any questions regarding your status or to determine if other work can be identified upon your return, speak with Employee Health prior to your departure who will work with your manager.

You should pick up a test kit prior to departure and provide a sample three to five days after your return. Plan for 24 to 48 hours to obtain your test result, and you will be contacted by Employee Health with your result.

**Should you wish to be tested at a UMass Memorial location, please refer to the [COVID-19 Employee Test Instructions](#).*

International Travel Form

Today's date: _____

Employee name: _____

Employee's date of birth: _____

Employee ID number: _____

Mobile telephone number: _____

Email address: _____

Job title: _____

Department: _____

Manager/supervisor/program director/chair name: _____

Planned dates of travel: From _____ To _____

Destination(s) and reason for travel: _____

Plan prior to returning to work (*check one*):

I am fully vaccinated or have contracted COVID-19 in the 90 days before travel.

I am unvaccinated or incompletely vaccinated and

I don't interact with patients: Seven-day quarantine and submission of a negative COVID-19 PCR test result to Employee Health taken on day 3, 4 or 5 following return from travel.

I do interact with patients: 14-day quarantine and submission of a negative COVID-19 PCR test result to Employee Health taken on day 3, 4 or 5 following return from travel.

I certify that I have informed my manager and Employee Health of my plans to travel and have established a return-to-work plan with my manager.

Employee signature: _____

Manager Review

Reviewed by: _____

Date of review: _____

Employee Health Review

Date of test, if performed: _____

Result**: _____

Date quarantine started: _____

Date quarantine ended: _____

Notifications: _____

Comments: _____

Employee Health reviewer name and date: _____

***Positive results or development of symptoms; refer to Employee Health exposure documentation*

Submit Form to Employee Health

Send the completed and signed form by fax or email to your entity's Employee Health team.

UMass Memorial Entity	Fax Number	Email Address
Medical Center/Medical Group/Corporate	508-334-2205	Employee Health COVID-19 mailbox@umassmemorial.org
Marlborough Hospital	508-229-1201	annette.casco@umassmemorial.org
HealthAlliance-Clinton Hospital	978-466-2065	HA-C EmployeeHealthServices@umassmemorial.org
Community Healthlink	508-421-4323	eeisenmenger@communityhealthlink.org